

# VALUE BASED HEALTHCARE IN WA

CLINICAL SENATE 22 OCTOBER 2021

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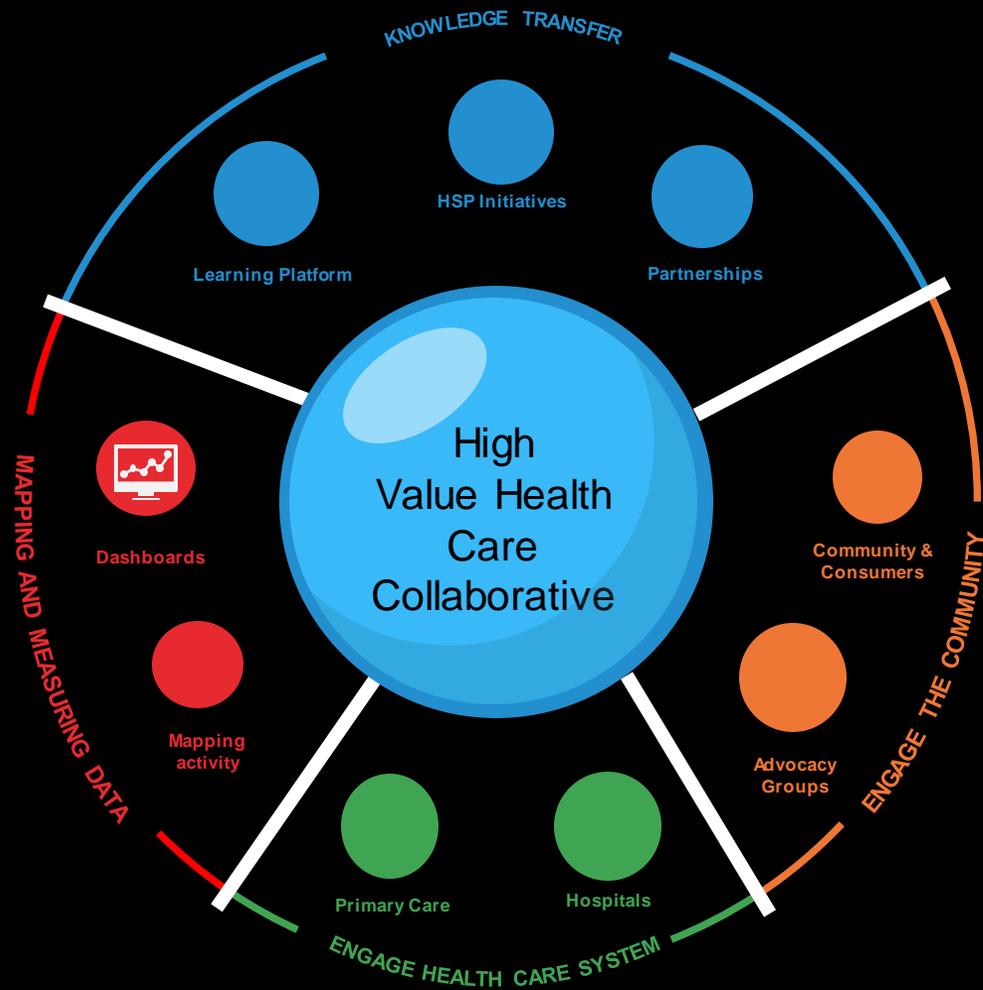
## Recommendation 16

**Establish a systemwide high value health care partnership with consumers, clinicians and researchers to reduce clinical variation and ensure only treatments with a strong evidence base and value are funded.**

Priorities in implementation:

- Transparent public reporting of clinical variation commenced by December 2019 using sources such as Australian Atlas of Healthcare Variation and Choosing Wisely to reduce the number of treatments with low benefit to generate efficiencies for reinvestment.
- Development of a coordinated approach to identifying and actioning existing and new excluded/restricted procedures through a systemwide clinical review committee with public reporting of excluded/restricted procedures.
- Ensure the approach to high value health care uses contemporary data analytics to support systemwide benchmarking and transparent public reporting (Recommendation 21) and drive implementation of standardised care pathways to maximise value to patients and communities, and reduce clinical variation and waste; aligning with a systemwide approach to improvement and innovation (Recommendation 28).
- Develop a coordinated approach to assessing and implementing new and existing equipment, procedures, medications and technologies, initially through partnerships with other health jurisdictions.





## THE DOH ROLE IN VALUE BASED HEALTHCARE

Building capacity so clinicians can deliver care that is STEEEP

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centred

# High Value Health Care Collaborative

The road to improving the recognition and management of sepsis in Western Australia



## Formation of the statewide collaboration

The Department of Health works together with Health Service Providers statewide to enable a standardised approach to quality metrics, maximise efficiencies through knowledge sharing to improve patient outcomes.

The High Value Health Care Collaborative (HVHC) formed in 2017 to identify areas in the health system where high value healthcare initiatives can be shared.



## Formation of the statewide working group

Improving the recognition and management of sepsis is a key priority area of the HVHC and the Sepsis Working Group was formed in 2017 to address this work.

The group includes representation from a range of clinical staff and consumer representatives across the State. Progress includes the development, alignment and implementation of site-based sepsis clinical care pathways.



## Develop a common goal

Public hospitals share information enabling the development and improvements of hospital's sepsis pathways. Tackling sepsis across the State poses twin issues of the nature of healthcare delivery in the large state of Western Australia and the variation in defining and measuring sepsis.



## Facilitate learning and improvement activities

A workshop was held in 2019 to provide the opportunity for each site to share sepsis information around pathways, evaluation of pathways and future outcomes. The workshop:

- identified data points and data collection mechanism
- provided a forum to share their challenges
- discussed strategies to address these challenges, and
- an exploration of how sepsis could be tackled in a state-wide approach.



## Data and quality metrics to drive change

Building on the workshop, a data set plan was formulated including the process, the data collection/repository plus associated reporting to support the:

- measurement of the epidemiology and outcomes of sepsis
- measurement of clinical variation and compliance with quality metrics and audit.

**National Picture: Statewide initiatives align with the National Plan.**

**Key learning: Deeper understanding of the many steps and time it takes to effect change in a world of competing priorities including COVID-19.**

# QUALITY USE OF MEDICINES

WA Public Hospital Annual Expenditure of medicines for 20/21 was \$308.24M with \$216.05M PBS reimbursements.

## Statewide Medicines Formulary

Statewide Medicine Formulary Policy (MP0077/18)

All prescribers working within a WA public hospital must prescribe only as per the restrictions and conditions for medicine initiation as outlined in the SMF.

The purpose of the SMF is to deliver value based care that is:

- evidence-based
- safe
- cost-effective
- equitable

The WA Drug Evaluation Panel provides SMF governance and undertakes a health technology assessment to evaluate the appropriateness for a medicine to be listed on the SMF.

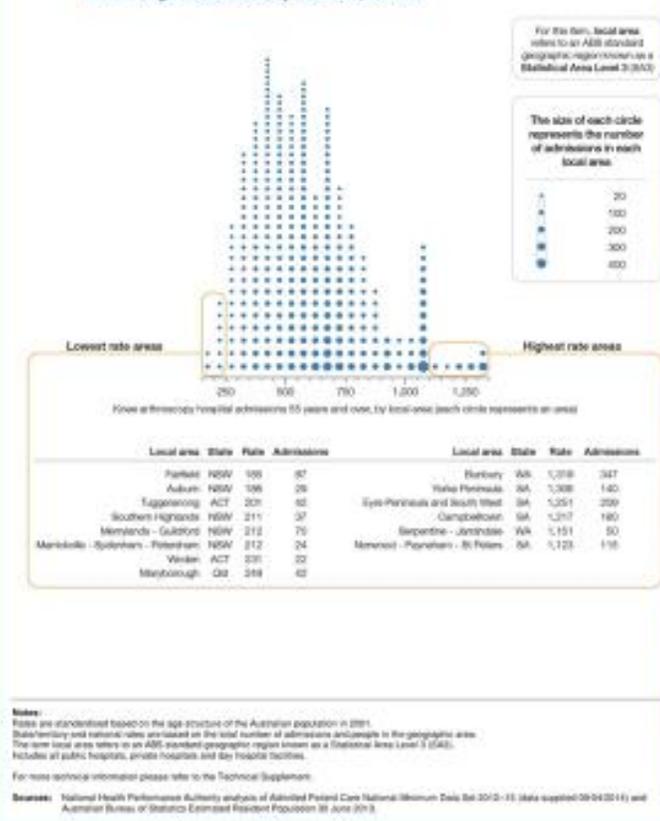
The SMF is housed on the Formulary One platform.

The screenshot displays the Formulary One website interface. At the top, there is a large purple banner with the text "FORMULARY ONE". Below this, the main content area is titled "WA Adult Medicines Formulary". On the left side, there is a navigation menu with a "THERAPEUTIC CLASS" header and a "SUBSTANCE" header. The menu includes a checked box for "On Formulary" Only and a list of therapeutic classes such as Allimentary System, Allergic Disorders, Analgesia, Cardiovascular System, Central Nervous System, Contraceptive Agents, Diagnostic Agents, Ear, Nose and Oropharynx, Endocrine and Metabolic Disorders, Eye, Genitourinary System, Herbal and other complementary medicines, Immunology, Infections and Infestations, Musculoskeletal System, Neoplastic Disorders, Nutrition, Poisoning, Toxicity and Drug Dependence, Respiratory System, Skin, Surgical Preparations, and Vitamins and Minerals. The main content area features a "FORMULARY ONE" logo and a section titled "The following submission have been received ahead of the WADEP meeting on 14th February 2019:". This section lists several medicines and their indications, including Midostaurin - AML (PBS), Insulin degludec + insulin aspart - management of diabetes (PBS), Benralizumab - Eosinophilic asthma (PBS), Dolutegravir + rilpivirine - HIV (PBS), Fosaprepitant - chemotherapy induced nausea and vomiting (PBS), Trifluridine + tipiracil (Lonsurf) - metastatic colorectal cancer (PBS), Intracameral moxifloxacin - prevention of endophthalmitis (non - PBS), and Tapentadol immediate release - treatment of postoperative pain (non - PBS). Below this, there is a section titled "Outcomes of the WADEP meeting on 29th November 2018:" which lists Eptifibatid - management of coronary artery disease in patients undergoing non-urgent percutaneous intervention with intracoronary stenting (PBS) - approved. On the right side of the main content area, there is a sidebar with a "Using Formulary One" section containing a list of links such as "A disclaimer on Guidelines", "FAQs", "What is Formulary One", "User Guide", "Finding IMPREST on Formulary One", and "Creating Easy access on your mobile". Below this is a "Link to the Library in your area" section with a list of hospital and health service links. At the bottom of the sidebar, there are sections for "Other Links and Contacts" and "Forms", each with a list of relevant links.

# A PLETHORA OF CLINICAL GUIDELINES



Figure 29: Number of knee arthroscopy admissions to hospital per 100,000 people aged 55 years and over, age standardised, by local area, 2012–13



# When variation is identified...



**Quality statement 7**  
**Surgery**

A patient with knee osteoarthritis who is not responding to conservative management is offered timely joint-conserving<sup>1</sup> or joint replacement surgery, depending on their fitness for surgery and preferences. The patient receives information about the procedure to inform their treatment decision. Arthroscopic procedures are not effective treatments for knee osteoarthritis, and therefore should only be offered if the patient has true mechanical locking or another appropriate indication for these procedures.<sup>2</sup>

**Purpose**

To ensure that patients with knee osteoarthritis who are not responding to conservative management are offered appropriate procedures<sup>1, 2, 3, 4</sup> and information about the procedures so that they can make an informed decision about whether to undergo surgery.<sup>5, 6</sup>

**Indicators for local monitoring**

**Indicator 7a:** Number of patients undergoing arthroscopic procedures for knee osteoarthritis.  
 METeOR Link: <http://meteor.aihw.gov.au/content/index.phtml/itemId/644337>

**Indicator 7b:** Proportion of patients with knee osteoarthritis referred for consideration of surgery who were supported with non-surgical core treatments for at least three months.  
 METeOR Link: <http://meteor.aihw.gov.au/content/index.phtml/itemId/644349>

More information about these indicators and the definitions needed to collect and calculate them can be found online in the above METeOR links.

Source: <https://acsqhc.maps.arcgis.com/apps/MapJournal/index.html?appid=e1921bf2a2b84ff29509d94d00155a90#>

# LOW VALUE HEALTH CARE PROJECTS

## LOW VALUE HEALTH CARE

Improving the quality and safety of health care provided to patients in WA

### Vision

Focus on value-based health care, driven by reduction in clinical variation, low value care and minimising duplication.



### Aim

To evaluate and support a reduction in low value procedures.

### Procedures

Focus will be on 28 procedures conducted across Western Australia during the financial year periods 2016/17 to 2019/20 identified in the Badgery-Parker<sup>1</sup> and the Grattan<sup>2</sup> papers.

Speciality areas include but not limited to are gastroenterology, gynaecology, orthopaedics and vascular surgery.

### The Kings Fund – Tackling variations in clinical care

Tim Briggs on the Get It Right First Time - GIRFT programme "... getting out there, showing people the data, getting a discussion going between colleagues and everyone who works on the team is having a positive effect. It is changing behaviour and changing practice for the better."<sup>3</sup>

### 2021 Key Components



#### Procedure #1: Knee Arthroscopy

- ✓ Knee arthroscopy Report
- ✓ Summary Document
- ✓ Craft Group

#### Procedures #2-28

- Analysis of data
- Summary document
- Communities of practices



#### Toolkit

- Clinician led:
- Mindful enquiry
  - Identify opportunities
  - Change system

### Reduction Strategy



- Clinician led
- High quality evidence and presentation of data
- Learn from international, interstate and local examples such as *Getting it right first time (GIRFT)*
- Consumer engagement
- Documentation and Pathway review
- Evaluate

#### CONTACT

Medicines and Technology Unit  
E: [hvhc@health.wa.gov.au](mailto:hvhc@health.wa.gov.au)

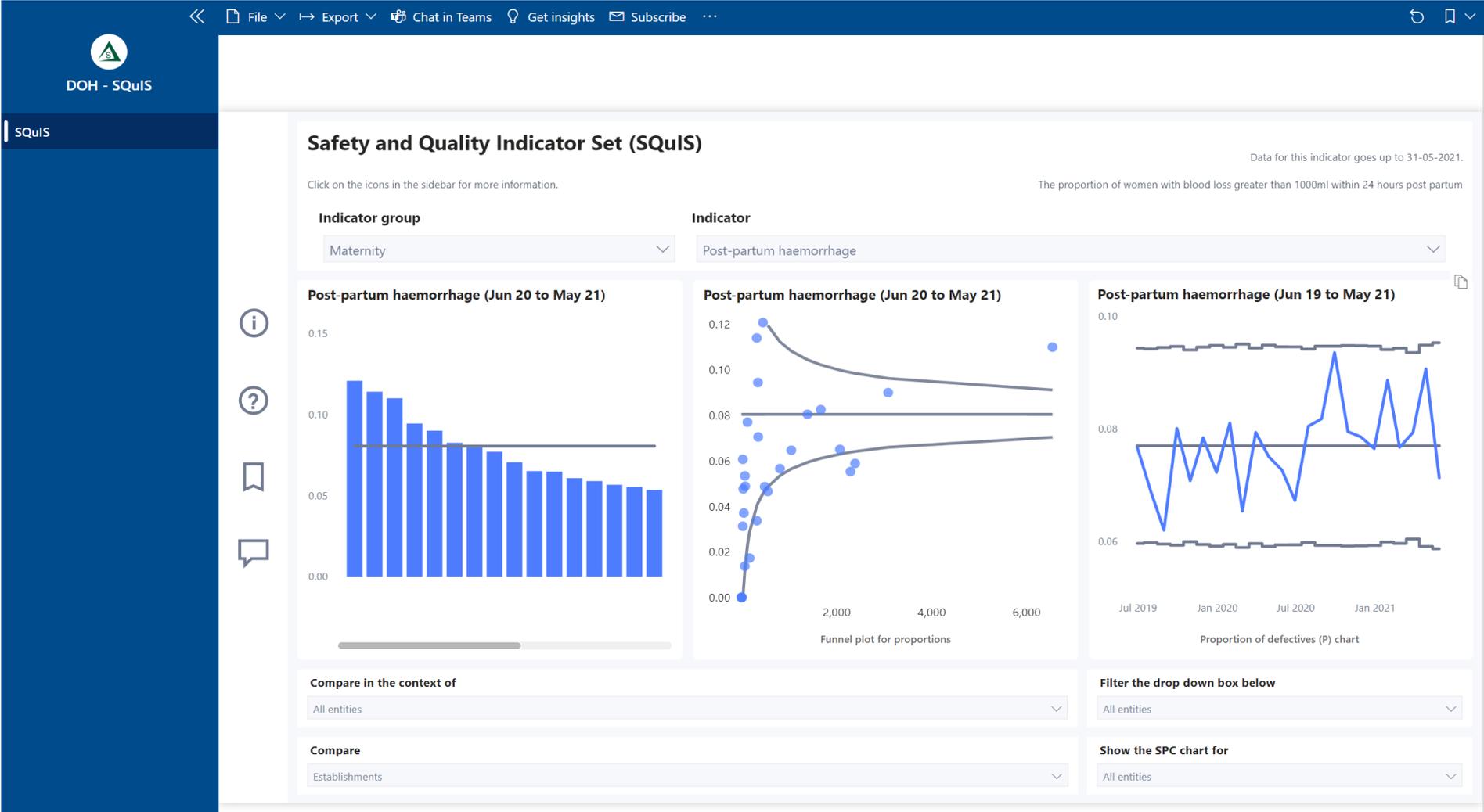
<sup>1</sup> Badgery-Parker T, Pearson S-A, Chalmers K, et al. *BMJ Qual Saf* 2019; 28:205-214.

<sup>2</sup> Duckett S, Bredon P, Romanes D, Fennessy P, Nolan J. 2015, Questionable care: Stopping ineffective treatments, Grattan Institute.

<sup>3</sup> Timmins N. 2017 [Getting it right: Kings Fund June 2017.pdf \(kingsfund.org.uk\)](#)

# CONTEMPORARY DATA FOR CLINICIANS # 1

## Safety and Quality Indicator Set (SQuIS)



# CONTEMPORARY DATA FOR CLINICIANS # 2

## Maternity Dashboard



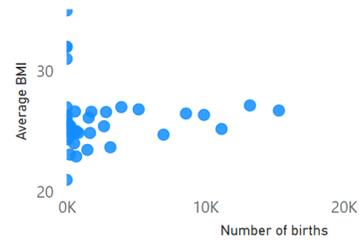
GOVERNMENT OF  
WESTERN AUSTRALIA  
Department of  
Health

This information shows BMI and the underlying data used to calculate BMI (height and weight). Age is also used, however this is analysed on the demographics tab.

The weight is recorded at time of booking for birth. If the woman has no weight recorded before 20 weeks gestation, the self-reported weight at conception is recorded.

### Demographics: Mum's Body Mass Index (BMI)

Number of births and average BMI by hospital



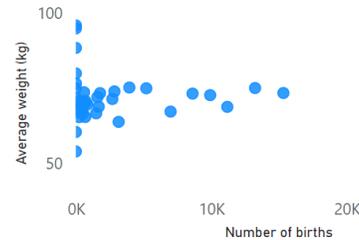
Body mass index



Average body mass index



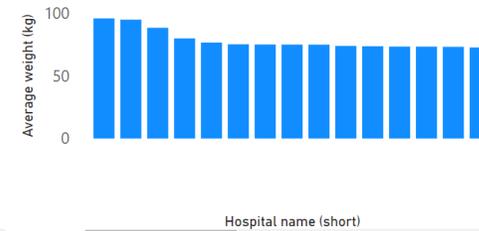
Number of births and average weight by hospital



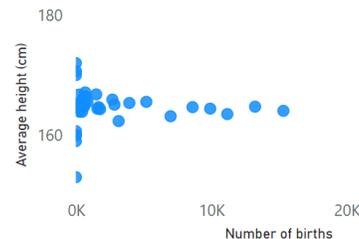
Maternal weight



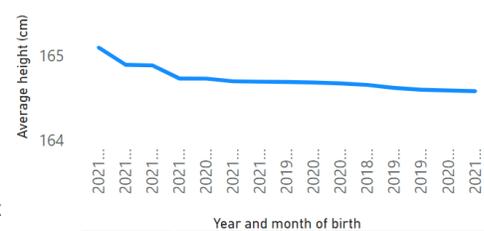
Average maternal weight



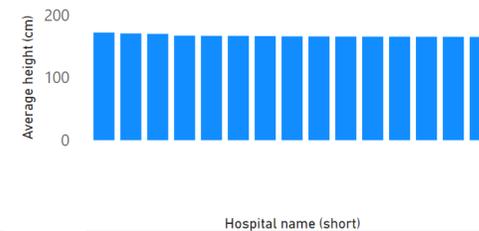
Number of births and average height by hospital



Maternal height



Average maternal height

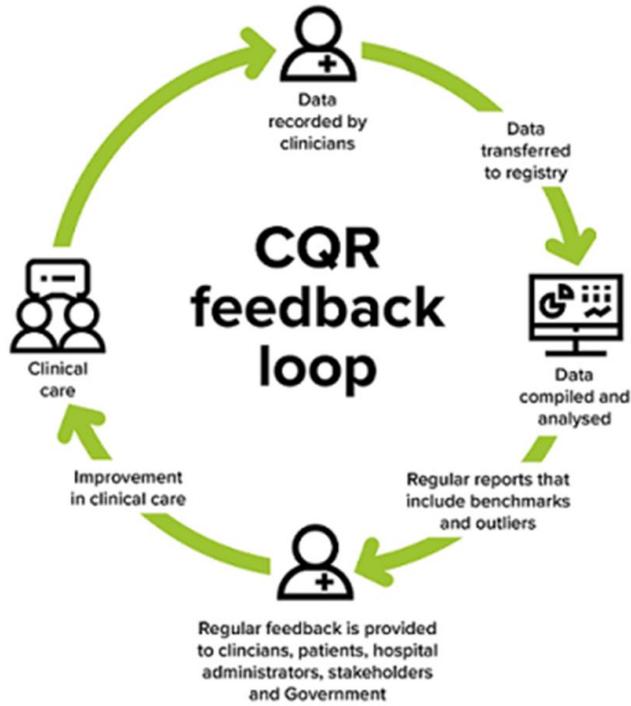


# QUALITY IMPROVEMENT COLLABORATIVES

- Quality Improvement Collaboratives are an evidence-based means of driving change across multiple hospital sites
- Womens Health Australasia are planning a national QI collaborative using the IHI Breakthrough Series methodology, to commence in 2022
- The maternity dashboard will be one means by which progress against the QI collaborative can be monitored

## Paradigm shift





 Australian Government

**Maximising the Value of Australia's Clinical Quality Outcomes Data**

A National Strategy for Clinical Quality Registries and Virtual Registries

**2020-2030**



# CLINICAL QUALITY REGISTRIES

- CQRs collect clinical data, analyse outcomes and report them back to clinicians
- Opportunities to incorporate PROMs and PREMs down the track
- May play a key role in measurement of outcomes essential to VBHC down the track

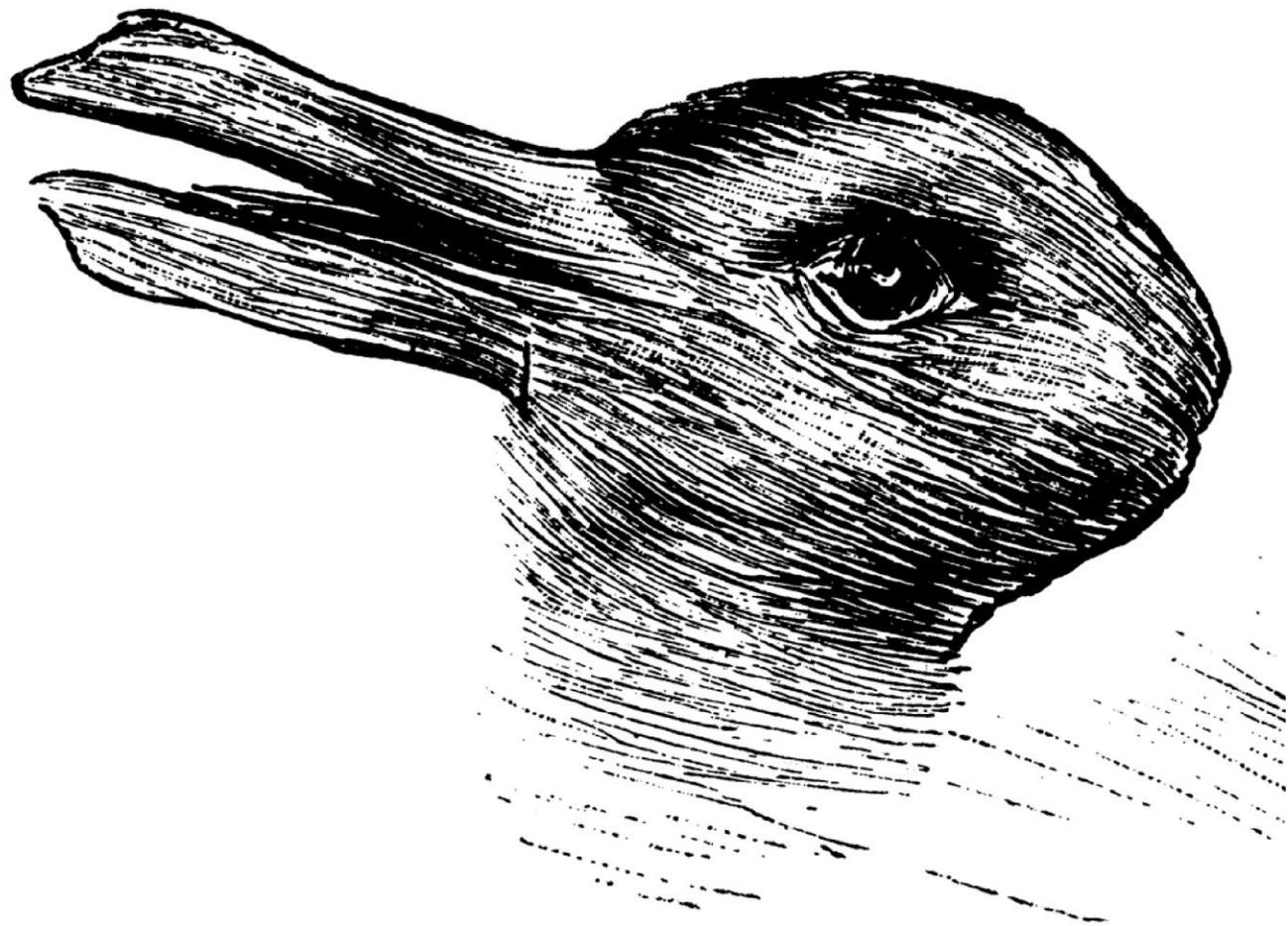
# Cancer Multidisciplinary Activity Program (CanMAP )

## What is CanMAP?

CanMAP is a program of service reform of cancer multi-disciplinary care across Western Australian public hospitals. The Cancer Multidisciplinary Activity Program (CanMAP) will run until 2026 and incorporates three interrelated streams of work:



VALUE IN  
THE EYE  
OF THE  
BEHOLDER

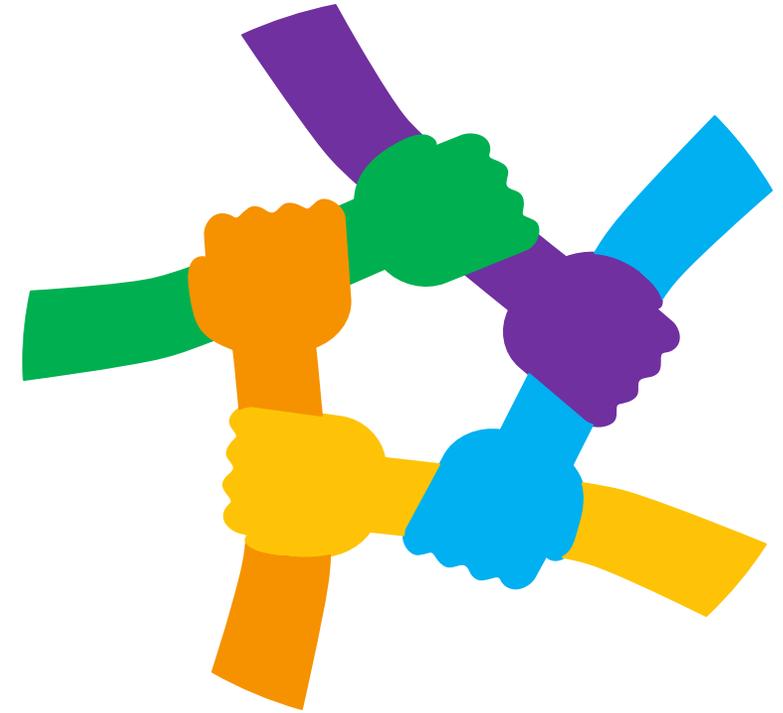


# Consumer Engagement

## From Sustainable Health Review Rec 16

Western Australians increasingly confident they are receiving the best care regardless of where they receive it.

External organisations such as Health Consumers' Council will be involved with the co-design of Sustainable Health Review Recommendation 16 activities.



Patient Safety and Clinical Quality (PSCQ) have engaged the Health Consumers' Council (HCC) as a member of the Sustainable Health Review Rec 16 Reference Group and its subgroups:

- To prioritise and maximise consumer input to tackle low-value care and unwarranted variation
  - The priority of transparent public reporting requires early consumer involvement to ensure the messages to the public are received as intended, that is, to empower the consumer.
- The HCC Deputy Director is co-partnering in the PSCQ work to assist in the reduction in opioid use and bring the consumers' perspective to the conversation.



HEALTH CONSUMERS'  
COUNCIL

**ENGLISH, CLINTON**

Date Of Birth: 1  
Gender: Male

**Rockingham General  
Hospital**

Admitted At: 24  
Discharged At:  
Location: DPU, I

Goals Of Patient Care

Discussion Date / Time: 09-Oct-2020 02:18 PM

Version: 6



### With considerable input from:

- Purchasing and System Performance Division, DoH
- Chief Pharmacist, DoH
- Chief Pharmacist Forum
- HSP DTCs
- WA Drug Evaluation Panel
- WA Therapeutic Advisory Group
- Clinical staff from HSPs
- S&Q staff from HSPs
- WA Cancer and Palliative Care Network, NMHS
- HSS
- National partners